

Purchase of Service Credits Transfer Request Governmental 457(b) Plan

City of Riverside Employee's Deferred Compensation Plan

98246-01

When would I use this form?

When I am requesting a transfer to purchase permissible service credits with my employer's governmental defined benefit plan.

Additional Information

- Return Instructions for this form are in Section F.
- By logging into my account on the Web site at www.riversidecadcp-gwrs.com, I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Service Provider at 1-800-701-8255 or visit the Web site at www.riversidecadcp-gwrs.com.
- Use black or blue ink when completing this form.

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number or Taxpayer Identification Number
(Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

Email Address

☐ Married ☐ Unmarried

Division

Daytime Phone Number

Select One:

☐ U.S. Citizen ☐ U.S. Resident Alien

()

Alternate Phone Number

☐ Other/Non-Resident Alien

Country of Residence (Required)

B How much am I requesting?

(Continue to the next section after completing.)

Purchase of Service Credits

Amount: \$ (Enter the requested amount - Any amount up to and including the amount shown on the Notification of Eligibility/Acceptance letter)

I must include the Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan with my completed Purchase of Service Credits Transfer form.

C To whom do I want my transfer payable and where should it be sent?

(Continue to the next section after completing.)

Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable)

Mailing Address

City/State/Zip Code

Defined Benefit Plan Identification or Account Number

Phone Number

D How do I want my transfer delivered?

(Continue to the next section after completing.)

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer. If no option is selected, a check will be sent regular mail.

☐ Check by United States Postal Service ("USPS") regular mail

- Estimated delivery time is 7-10 business days
- No additional charge

☐ Check by Express Delivery

- Estimated delivery time is 1-2 business days
- Additional \$25.00 non-refundable charge
- Available for delivery, Monday - Friday, with no signature required upon delivery
- If address is a P.O. Box, check will be sent by USPS Express and estimated delivery time is 2-3 business days.

D	How do I want my transfer delivered? <i>(Continue to the next section after completing.)</i> <i>Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order <u>and</u> additional/required information from my employer. If no option is selected, a check will be sent regular mail.</i>					
	<input type="checkbox"/> Wire Transfer <ul style="list-style-type: none"> Estimated delivery time is 1-2 business days Additional \$40.00 non-refundable charge Include a letter on financial institution letterhead signed by a representative from the receiving institution which provides the wire transfer instructions. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number. Additional fees may apply at the receiving financial institution. Service Provider is not responsible for inaccurate wire transfer instructions. 					
E	Signatures and Consent <i>(After receiving ALL required signatures, continue to the next section.)</i>					
	My Consent <p>I acknowledge that I have read, understand and agree to all pages of this Purchase of Service Credits Transfer Request and the Purchase of Service Credits Transfer Guide and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my Governmental 457(b) Plan for the purpose of purchasing retirement service credits. I understand the following:</p> <ul style="list-style-type: none"> If I have separated from employment and I have an outstanding loan, I must complete and attach a Loan Offset form. Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. The Social Security Number (or Taxpayer Identification Number) shown in Section A is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A. The Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx. <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>My Signature _____ Date (Required) _____</p>					
F	Where should I send this form? <p>After all signatures have been obtained, this form and a copy of the Notification of Eligibility/Acceptance letter can be sent by</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"> Fax to: 1-866-745-5766 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 30%;"> Regular Mail to: Great-West Retirement Services® PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 25%;"> Express Mail to: Great-West Retirement Services® 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table>	Fax to: 1-866-745-5766	OR	Regular Mail to: Great-West Retirement Services® PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Great-West Retirement Services® 8515 E. Orchard Road Greenwood Village, CO 80111
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Purchase of Service Credits Transfer Guide - Governmental 457(b)

The Purchase of Service Credits Transfer Request

Before completing the form, please note the following information:

- All pages of the Purchase of Service Credits Transfer Request form ("Transfer Form") must be returned **excluding** the Purchase of Service Credits Transfer Guide.
- Neither this Guide nor this Transfer Form are intended to provide tax or legal advice. In the preparation of this Transfer Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Great-West Retirement Services® ("Service Provider") cannot release the funds until my employer confirms that I am entitled to take a transfer from the Plan.
- **If I would like a different withdrawal option other than Purchase of Service Credits, I need to complete either the In-Service Withdrawal form, if I am still employed with the Employer/Company sponsoring this Plan or the Separation from Employment Withdrawal form, if I am no longer working for the Employer/Company sponsoring this Plan.**
- **If I have more than one account or plan number, I must complete a separate Transfer Form for each account or plan number.**

Changes to My Request

- Any changes to this Transfer Form must be crossed-out and initialed. If I do not initial all changes, this Transfer Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Transfer Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Transfer Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- Personal information will be kept confidential.

Section B: How much am I requesting?

- I must enter the amount that I would like transferred, up to and including the amount shown on the Notification of Eligibility/Acceptance letter.

Section C: To whom do I want my transfer payable and where should it be sent?

- It is my responsibility to make sure that the Name/Trustee of the Defined Benefit Plan information provided is accurate. Service Provider is not responsible for misdirected payments due to an incorrect address.

Section D: How do I want my transfer delivered?

- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order **and** additional/required information from my employer.
- I must select a delivery option from the choices provided. If I do not make any selection, the check will be sent by regular mail.
- Below is a description of each delivery option.

Check by United States Postal Service ("USPS") Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- Additional \$25.00 non-refundable charge will be deducted from my transfer amount
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

Wire Transfer

- Estimated delivery time is 1-2 business days
- Additional \$40.00 non-refundable charge will be deducted from my transfer amount.
- Additional fees may apply at the receiving financial institution.
- **I must verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- Attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

Section E: Signatures and Consent

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Transfer Form and the Purchase of Service Credits Guide.
- It is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the Plan into which I am transferring money over will accept the dollars.
- Once a payment has been processed, it cannot be changed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.

Section F: Where should I send this form?

- Once I have completed this Transfer Form, including obtaining all signatures, I must forward it and the Notification of Eligibility/Acceptance letter according to the instructions listed in this section.

- If I have elected to fax this Transfer Form to Service Provider, I need to allow 2-4 hours for fax receipt before I check on the fax status.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the Web site at www.riversidecadcp-gwrs.com or call Client Service at 1-800-701-8255.
- Access to KeyTalk® or the Web site may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents from my registered representative. Read them carefully before investing.